

Deprivation

Introduction

Deprivation is an influencing factor in Public Health, the most recently measured English Index of Multiple Deprivation 2015 (IMD)¹ includes seven domains with associated weights; Income (22.5%), Employment (22.5%), Education (13.5%), Health (13.5%), Crime (9.3%), Barriers to housing and services (9.3%) and Living Environment (9.3%). IMD is a measure of relative deprivation and in comparison to the 2010 indices Norfolk moved towards a lower relative rank across the decile range (relatively more deprived).

Higher deprivation is associated with poorer health outcomes, for example higher emergency admissions, shorter life expectancy and higher chance of an early death. The more deprived populations experience social and economic circumstances that increase stresses and in turn make poor lifestyle behaviours such as smoking, poor diet and little physical exercise more likely. The future consequences of these actions could be higher levels of mental health illness and long term health problems, therefore resulting in the higher emergency admissions and shorter life expectancy.

Summary

The most recent IMD was released in 2015 and Norfolk was ranked 88th most deprived upper tier local authority (152 authorities in total). This was a movement towards a more relatively more deprived rank from the 2010 rankings of 97.

Deprivation is associated with greater levels of illness and a higher possibility of an early age of mortality. Life expectancy across Norfolk varies between the most deprived areas of Norfolk and the least deprived areas is 6.2 years for men and 3.2 years for women.

Headlines

The English Indices of Multiple Deprivation 2015 with the seven domains outlined above, provides a measure of the relative deprivation down to Lower-layer Super Area Outputs across England.

Norfolk is ranked 88th most deprived upper tier local authority out of the 152 upper tier local authorities in England (using the 'rank of average score for LSOA' measure). 7.6% of the LSOAs (neighbourhoods) in Norfolk are in the most deprived 10% nationally. In 2010 the rank of average score for LSOA measure in Norfolk was 97 (of 149 upper tier local authorities). This indicates that Norfolk has experienced an increase in relative deprivation from the 2010 index to the 2015 index.

Analysis included in the DCLG "The English Indices of Deprivation 2015" document includes evidence to support this relative movement.

- Norwich is included in the 10 lower tier local authorities with the largest percentage point increase in the proportion of neighbourhoods in the most deprived decile for 2015.
- Great Yarmouth is included in the 10% most deprived lower tier Local Authorities for 2015 this was not included in the LAs for 2010 and is based on the number of LSOAs in the 10% decile.
- Norwich is included in the 10% of lower tier Local Authorities ranked by the 'extent' summary measure for 2015 is was not included in the 2010.

Error! Reference source not found. shows the relative ranks of the different IMD 2015 domains for Norfolk compared to other upper tier local authorities. The most relatively deprived domains for Norfolk are 'Education' and 'Barriers to housing and services'.

¹ English indices of deprivation 2015: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> (accessed 17/10/2016)

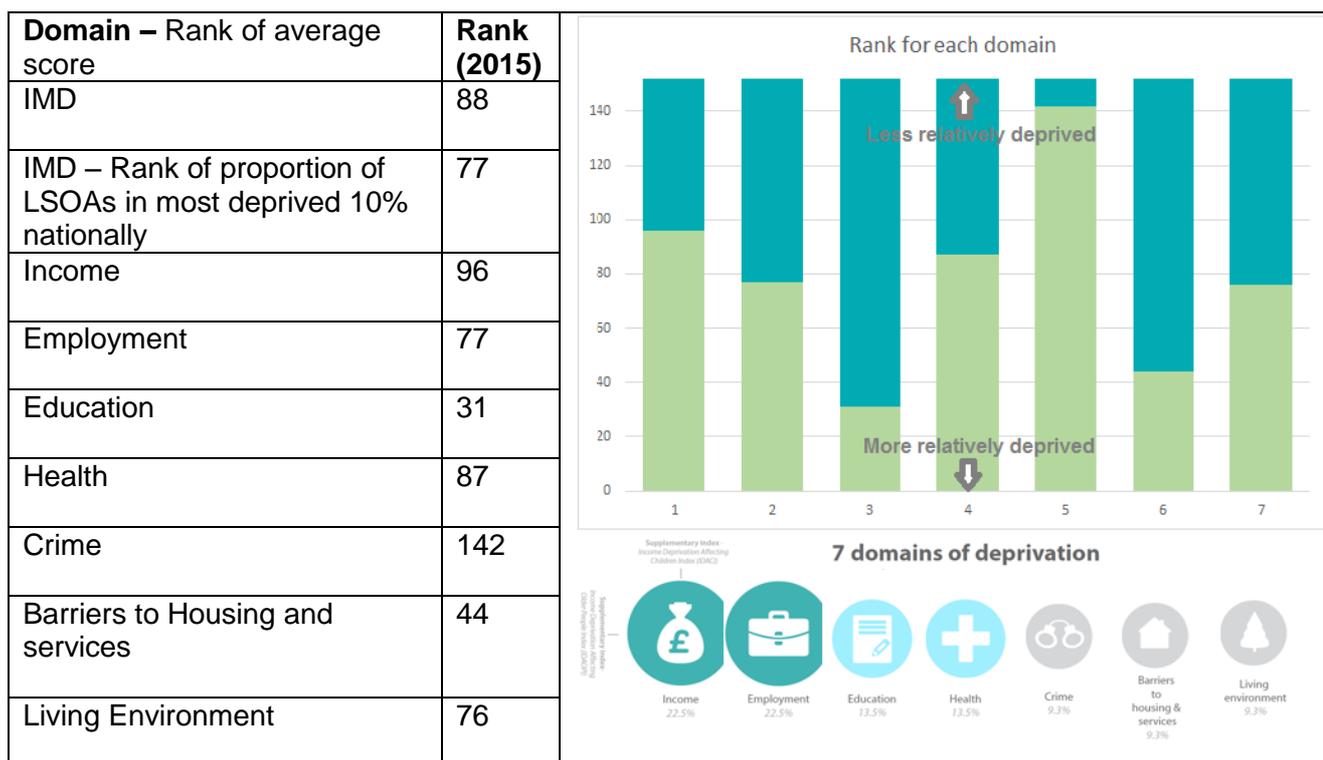


Table 1 - Ranks of the different IMD 2015 domains for Norfolk compared to other upper tier local authorities (1 = most deprived)

Figure 1 shows Norfolk neighbourhoods (LSOAs) by their national deprivation quintile classification. The most deprived areas in Norfolk are still concentrated in the urban areas of Great Yarmouth, Norwich, King’s Lynn and Thetford. However, there are rural areas in King’s Lynn and West Norfolk district, the market towns of Watton, Swaffham and Dereham and the coastal areas of Cromer and north of Great Yarmouth that also fall into the most deprived quintile nationally.

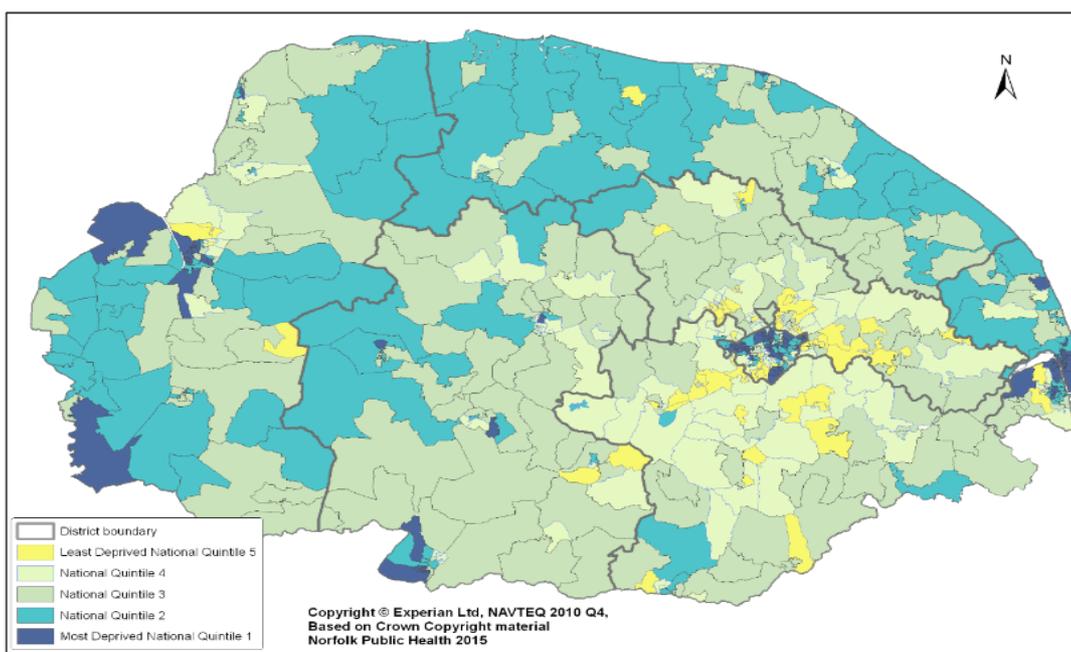


Figure 1 national deprivation quintile for Norfolk LSOAs IMD 2015

Influences on Health and Wellbeing

Lower socio-economic status, with associated deprivation, is associated with greater levels of illness and a higher possibility of an early age of mortality. With respect to greater levels of illness, this could be higher levels

of hospital admission and length of hospital stay. For example (Matata et al 2016)² found those from more deprived areas had both a significantly greater length of hospital stay and risk of in-hospital major acute cardiovascular events. In terms of levels of mortality, Romeri et al (2006)³ found a strong positive relationship between deprivation and the levels of death, along with also finding geographical differences in the rate of death, with the North of England experiencing higher mortality, given similar levels of deprivation, than found in the South of England.

Social, environmental, population context

Income and Employment are the domains with the highest weightings (22.5%) within the seven domains of IMD. Blanden & Gibbon (2006)⁴ discovered that children from poor families at the age of sixteen were nearly four times as likely to be poor in their thirties, work that was further highlighted in the Child Poverty Strategy 2014-17⁵ commissioned by the UK Government. As part of the Income Deprivation Domain, one of the key measurements is the proportion of all children 0 to 15 living in income deprived families. Figure 2 highlights the welcome fall in children being part of low income families in Norfolk between 2006 and 2013, from 18% to 16.8%, with England seeing a reduction during the same period from 21.8% to 18.6%. However, there are still areas within Norfolk with a significant proportion of children in low income families.

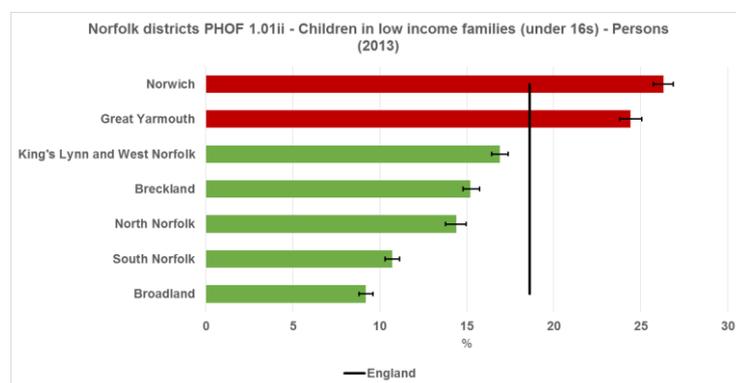
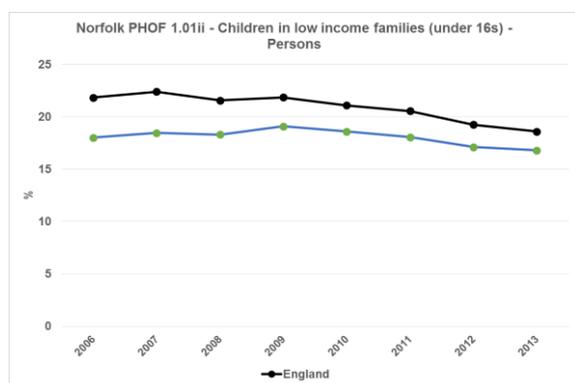


Figure 2 Children in low income families (under 16's).⁶

The domain employment measures the proportion of working age population not within the labour market, Schofield et al (2016)⁷ found that receiving unemployment benefits highly correlated with high IMD scores. Figure 3 shows the percentage of people aged 16-64 in employment, indicating that in 2011/12 and 2012/13 Norfolk

² Matata, B.M, Shaw. M, Grayson. A.D, McShane. J, Lucy. J, Fisher. M & Jackson. M (2016) – The impact of social deprivation on coronary revascularisation treatment outcomes within the National Health Service in England and Wales. *European Journal of Preventive Cardiology*. February 2016 vol 23 no.3 316-327.

³ Romeri, E, Baker. A & Griffiths. C (2006) – Mortality by deprivation and cause of death in England and Wales 199-2003. *Health Statistics Quarterly* 32, Winter 2006. Office of National Statistics.

⁴ Gibbons. S & Blanden. J (2006) – The persistence of poverty across generations: a view from two British cohorts. The Policy Pres of behalf of the Joseph Rowntree Foundation, Bristol, UK.

⁵ Child Poverty Strategy 2014-2017 – Presented to Parliament by the Secretary of State for Work and Pensions pursuant to section 9 of the Child Poverty Act 2010. June 2014.

⁶ Public Health England: <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000006/ati/102/are/E10000020/iid/10101/age/169/sex/4> (accessed 17/10/2016)

⁷ Schofield. L, Walsh. D, Munoz. R, McCartney. G, Buchanan. D, Lawder. R, Armstrong. M, Dundas. R & Leyland. A.H (2016) - Dying younger in Scotland: Trends in mortality and deprivation relative to England and Wales, 1981-2011. *Elsevier*. Vol 40, July 2016, pp106-115.

was significantly better than England, with 2013/14 and 2014/15 being similar. However, the % of people in employment is increasing faster in England than in Norfolk.

The remaining domains are; Information for Education (13.5%), Health (13.5%), Crime (9.3%), Barriers to housing and services (9.3%) and Living Environment (9.3%).

The education domain contains measurements for the lack of attainment and skills in the population with two sub groups children and young people, along with adult skills. The health domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health, measure morbidity, disability and premature mortality but not behaviour or environment. The crime domain measurements the risk of personal and material victimisation at local level. Barriers to housing and services domain measures the physical and financial accessibility of housing and local services with two sub-domains of 'geographical barriers' and 'wider barriers' such as affordability and homelessness. Finally, the living environment domain measures the quality of the local environment including two sub-domains or 'indoors', the quality of housing and 'outdoors', the environment including air quality and road traffic accidents.

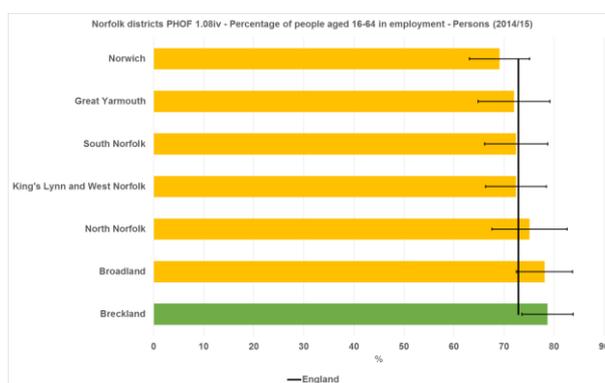
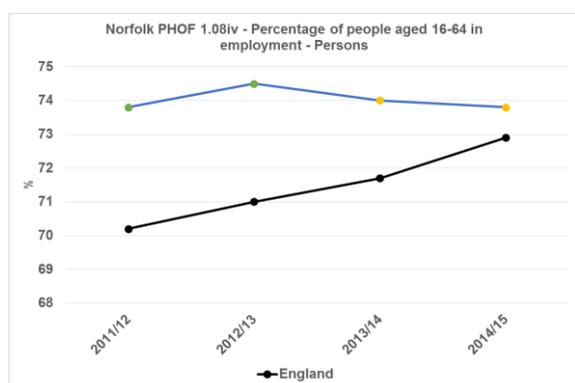


Figure 3 Percentage of people aged 16-64 in employment. Public Health England

Current services, local plans and strategies

Norfolk County Council has developed four priorities which should have a positive influence upon deprivation. Promoting 'Real jobs' that offer security, opportunity and a good level of pay throughout Norfolk will address two domains; Income and Employment. 'Excellence in Education' for all children in Norfolk, will improve the education domain, 'Good Infrastructure' will address issues in the barriers to housing and access to services domain and 'Supporting Vulnerable People' will help with health outcomes, crime and others.

Alongside this, as part of the Public Health Strategic Framework, Norfolk County Council aims to promote healthy living and healthy places, protect communities and individuals from harm, provide services that meet community needs and work in partnership to transform the way we deliver services. This will begin to address ill-health and reduce health inequalities created by deprivation.

Considerations for HWB and commissioner

Across the United Kingdom and Norfolk whilst those most in need require more resources, programmes and projects aimed at the most deprived groups tend to yield the highest benefits. This should be considered by commissioners when allocating resources across programmes.

Many inequalities are linked to deprivation such as life expectancy and understanding the influence can help target resources to those most in need.

References and information

English indices of deprivation 2015 - <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> (accessed 17/10/2015)

The English Indices of Deprivation 2015 – A County summary, LSOA analysis and comparison of change: <http://www.norfolkinsight.org.uk/resource/view?resourceid=1250> (accessed 17/10/2016)

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